| 1,1                         | PATENT A                                       | PPLICATIO                                 | N FEE DE                  | ETERMINATION                                   | ON RECOF                               | RD             | Appli       | callon (           | or Do | ocket Num           | ber<br>, :             |
|-----------------------------|--|---|---------------------------|--|--|----------------|-------------|--------------------|-------|---------------------|------------------------|
| Effective December 29, 1999 |  |   |                           |  |  |                |             |                    |       | 239                 | 8                      |
|                             |  | SMA<br>TYP                                | LL ENT                    | <i>T</i> ITY<br>□                              | OR                                     | OTHER<br>SMALL |             |                    |       |                     |                        |
| FO                          | R  | NUMBE                                     | NUMBER FILED NUMBER EXTRA |  |  | RAT            | E F         | EE                 |       | RATE                | FEE                    |
| BA                          | SIC FEE  |   |                           |  |  |                | 34          | 15.00              | OR    |                     | 690.00                 |
| то                          | TAL CLAIMS                                     | 10  | minus 2                   | 20= *  |  | X\$ 9          | )=          |                    | OR    | X\$18=              |                        |
| IND                         | EPENDENT CL                                    | AIMS                                      | 5 minus 3 = 2             |  |  | X39            | = 1         | 8                  | OR    | X78=                | 4                      |
| MU                          | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                    |  |  | +130           |             | <u></u>            |       | +260=               |                        |
| * If                        | the difference                                 | in column 1 is                            | less than ze              | ero, enter "0" in c                            | olumn 2                                | TOTA           | <del></del> | 12                 | OR    |                     |                        |
| CLAIMS AS AMENDED - PART II |  |   |                           |  |  |                | IL TE       |                    | OR    | TOTAL               | THAN                   |
|                             |  | (Column 1)                                |                           | (Column 2)                                     | (Column 3)                             | SMA            | LL EN1      | ΓΙΤΥ               | OR    | OTHER<br>SMALL      |                        |
| AMENDMENT A                 | + 34   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR    | PRESENT<br>EXTRA                       | RAT            | E TK        | DDI-<br>DNAL<br>EE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                         | Total  | . 19                                      | Minus                     | 20   | =                                      | X\$ 9          | =           |                    | OR    | X\$18= <sup>°</sup> | Ĵ                      |
| AME                         | Independent                                    | . 2                                       | Minus                     | ··· 5  | = -                                    | X39            | =           |                    | OR    | X78=                |                        |
| _                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |  |  | +130           | =           |                    | OR    | +260=               |                        |
|                             |  |   | RE                        | ST AVAILA                                      | ARLE CO                                |                |             | 22                 |       | TOTAL               |                        |
|                             |  | (Column 1)                                |                           | (Column 2)                                     | (Column 3)                             | ADDIT. I       | EE 4        | <del>4</del> )     | JON   | ADDIT. FEE          | •                      |
| AMENDMENT B                 | · · · · · · · · · · · · · · · · · · ·          | CLAIMS<br>REMAINING                       |                           | HIGHEST  |  |                | A           | DDI-               |       | • .                 | ADDI-                  |
|                             |  | AFTER AMENDMENT                           |                           | NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT<br>EXTRA                       | RAT            | E TIC       | ONAL<br>EE         |       | RATE                | TIONAL<br>FEE          |
|                             | Total  | •   | Minus                     | **   | =                                      | X\$ 9          | = .         |                    | OR    | X\$18=              |                        |
|                             | Independent                                    | *   | Minus                     | ***  | = -                                    | X39            | <b>-</b> .  |                    | OR    | X78= -              | . <u>.</u>             |
| _                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |  |  | 100            |             | <u>-</u>           |       |                     |                        |
|                             |  |   |                           |  |  | +130           |             | •                  | OR    | +260=               |                        |
|                             |  |   |                           | •  |  | ADDIT.         | TAL<br>EE   |                    | OR    | TOTAL<br>ADDIT. FEE |                        |
|                             |  | (Column 1)<br>CLAIMS                      |                           | (Column 2)<br>HIGHEST                          | (Column 3)                             |                |             |                    |       |                     |                        |
| AMENDMENT C                 |  | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT<br>EXTRA                       | RAT            | E TIC       | DDI-<br>DNAL<br>EE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š                           | Total  | •   | Minus                     | **   | =                                      | X\$ 9          | =           |                    | OR    | X\$18=              |                        |
| ME                          | Independent                                    | *   | Minus                     | ***  | =                                      | X39            | <u>.</u>    |                    |       | X78=                |                        |
| Ľ                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |  |  |                |             | $\dashv$           | OR    |                     | <u> </u>               |
|                             | If the entry in colu                           | mn 1 is less than t                       | the entry in colu         | umn 2, write "0" in co                         | olumn 3.                               | +130           |             | ·                  | OR    | +260=               |                        |
|                             | if the "Liebest No.                            | i io iooo u iali l                        |                           |  |  | TO             | I AL        |                    | OR    | TOTAL               |                        |
| ***                         | ii the mignest Nu<br>If the "Highest Nu        | mber Previously P<br>Imber Previously P   | Paid For" IN TH           | IS SPACE is less that<br>IS SPACE is less that | an 20, enter "20."<br>an 3. enter "3." | ADDIT. F       | EE          |                    | Un    | ADDIT. FEE          |                        |